



# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

23

October 11, 2011

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

Los Angeles County  
Board of Supervisors

Gloria Molina  
First District

Mark Ridley-Thomas  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

Mitchell H. Katz, M.D.  
Director

Hal F. Yee, Jr., M.D., Ph.D.  
Chief Medical Officer

John F. Schunhoff, Ph.D.  
Chief Deputy Director

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*To ensure access to high-quality,  
patient-centered, cost-effective  
health care to Los Angeles  
County residents through direct  
services at DHS facilities and  
through collaboration with  
community and university  
partners*



[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

October 11, 2011

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF EXTENSION OF AGREEMENT FOR HOMELESS SOCIAL  
SECURITY INCOME/SOCIAL SECURITY DISABILITY INSURANCE  
DEMONSTRATION PROJECT  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Approval to extend the term of the Agreement with JWCH Institute, Inc. for medical, mental health and case management services for the demonstration project known as Benefits Entitlement Services Team for the Homeless Project.

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Authorize the Director of Health Services (Director), or his designee, to execute Amendment No. 2 to Agreement No. H-704150 with JWCH Institute, Inc. (JWCH), to extend the term of the Agreement, effective upon Board approval, through September 30, 2013, and increase the maximum obligation by \$910,000 for the first contract year authorized under this Amendment, fully offset by Homeless Prevention Initiative (HPI) savings, for a revised total maximum obligation of \$2,710,000. This funding will be used for the continued provision of medical, mental health and case management services to homeless individuals who seek assistance in obtaining Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) benefits as participants in the Benefits Entitlement Services Team (B.E.S.T.) Project.
2. Delegate authority to the Director, or his designee, to execute two six-month term extensions, at no cost and with no change in the maximum

obligation, subject to review and approval by County Counsel.

3. Delegate authority to the Director, or his designee, to execute future no cost amendments to: revise or incorporate provisions consistent with all applicable federal and State law and regulations, County Ordinances, and Board policy; and to make appropriate changes to the Agreement to add clarity, and/or correct errors and/or omissions, subject to review and approval by County Counsel.

4. Delegate authority to the Director, or his designee, to: a) make adjustments between program budget items and categories and roll forward any unexpended funds to improve operational efficiencies; and b) improve and/or increase program deliverables in the Statement of Work and Performance Target Matrix, as needed, to adapt to changing program needs identified by the Department of Health Services (DHS) with input from JWCH.

5. Delegate authority to the Director, or his designee, to sign Amendments to the Agreement that authorize an increase of no more than 10 percent, that will not exceed a maximum increase of \$271,000, contingent upon available funding from federal, State, or County funding sources and subject to prior approval by County Counsel, with notice to your Board and the Chief Executive Office.

#### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Approval of the first recommendation will allow the Director, or his designee, to execute an amendment (substantially similar to Exhibit I) to extend the term of the current Agreement with JWCH for two years. However, it will only increase the Agreement's total maximum obligation by \$910,000 to cover program costs for one year of the two year Amendment, to \$2,710,000. There is currently no funding for the second year of the Amendment and if funding is not available for the second year, DHS will take the needed steps to terminate the agreement. During the first year of the Amendment, data will be collected to assess whether the program generates sufficient revenue or cost avoidance to justify requesting funding for the second year of the Amendment.

The current agreement with JWCH was originally set to expire on September 30, 2011. DHS exercised its delegated authority to execute a no-cost six month extension for the period of October 1 through March 31, 2012 to ensure services continued to be provided while the amended scope of work was finalized by JWCH and DHS staff for this program extension request. The proposed Amendment will supersede this extension.

According to the Los Angeles Homeless Services Authority's 2011 Homeless Count, Los Angeles County has approximately 51,000 homeless individuals. Of these, 55 percent report having a disabling condition and persons aged 55 and older now make up 34 percent of the chronic homeless population. However, many do not receive SSI/SSDI benefits or have had their applications denied. A primary barrier to homeless individuals receiving benefits to which they are otherwise entitled is their inability to document their disabilities.

The services provided by the selected contractor, JWCH, through the B.E.S.T. Project, have been able to overcome this barrier by identifying homeless individuals who may be entitled to SSI/SSDI benefits and providing health and mental health services through a multidisciplinary team approach. This approach provides needed care coordination to the homeless individual while also providing supporting documentation of the patient's disability and assistance in the preparation of the disability

application. The multidisciplinary team consists of a physician and psychiatrist with expertise in providing care to the homeless individual while identifying and documenting disabilities, as well as case management staff who coordinate services needed to engage and maintain the stability of the homeless individuals during the benefits application process. Once the SSI/SSDI benefits are received, the patient is referred to a medical home. In order to ensure the appropriate level of care is provided and to assist the patient to obtain the benefits to which they are entitled, the program also facilitates retrieval of past medical and mental health records to support participants' SSI/SSDI applications. Since the project began in December 2009, the B.E.S.T. Project has provided services to over 950 individuals of which 576 SSI/SSDI applications were submitted. Of these 576 applications, the project has demonstrated an 85 percent SSI/SSDI approval rate as of June 30, 2011. Based on this outstanding performance, the B.E.S.T. Project received the highest award granted by the Social Security Administration - Region IX, a Regional Commissioner's Citation on April 26, 2011.

Additional components and/or program enhancements for the additional term will be to improve linkages for program participants to an array of housing options, seeking appropriate reimbursement for historical County costs for participants prior to application dates where possible and the training and mentoring team members will provide to other community partners so program concepts can be voluntarily adopted by additional agencies.

Approval of the second recommendation will allow DHS to extend the duration of the B.E.S.T. Project services should operational efficiencies and/or leveraged reimbursements result in the ability to continue services under this Agreement beyond the extension period ending September 30, 2013.

Approval of the third recommendation will allow DHS to amend the Agreement for regulatory or statutory changes and to implement changes to conform to evolving federal and State law.

Approval of the fourth recommendation will allow DHS to make programmatic adjustments between budget items and/or categories and roll forward any unexpended funds to improve operational efficiencies and/or to revise the project deliverables as a result of ongoing operational improvements.

Approval of the fifth recommendation will allow the Director, or his designee, to increase the maximum obligation of the Agreement, up to a maximum of 10 percent, not to exceed a total of \$271,000 over the term of the Agreement, should additional funds be needed for unforeseen expenses and/or unanticipated increases in services, contingent upon available funding.

### **Implementation of Strategic Plan Goals**

The recommended actions support Goal 1, Operational Effectiveness, and Goal 4, Health and Mental Health of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

The additional funding for the B.E.S.T. Project, at a cost of \$910,000, is included in the Health Services Administration Fiscal Year 2011-12 Adopted Budget and will be requested in future fiscal years.

The B.E.S.T. Project is 100 percent offset by the HPI savings.

## **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

On September 15, 2009, your Board approved an Agreement with JWCH to implement the Homeless SSI/SSDI Demonstration Project, subsequently called the B.E.S.T. Project, for the period October 1, 2009 through September 30, 2011. DHS has exercised one six month no cost extension in the original agreement to complete initial program evaluation and prepare additional modifications to program structure and goals to better evaluate sustainability and cost recovery capability.

County Counsel has approved Exhibit I as to use.

## **CONTRACTING PROCESS**

DHS determined there was a need for a short term demonstration project that provided a multidisciplinary team approach through a Federally Qualified Health Center (FQHC) rather than attempting to implement the program directly. A Request for Applications (RFA) was released on March 27, 2009. There were three respondents. The project proposed by JWCH Institute, Inc. was selected for funding based on the highest point ranking by the evaluation committee due to its innovative design, extensive experience in providing services to the priority target populations, and the ability to serve potential participants from any community in the County through multiple site service delivery. On September 15, 2009, your Board approved a contract for two program years.

The B.E.S.T. Project demonstration goal of proving that a multidisciplinary team deployed across multiple service sites would achieve high SSI/SSDI application success rates has been realized in the first two years. However, DHS does not have sufficient fiscal sustainability data to determine whether it can recommend continuation of the program. The third and potentially fourth year of the demonstration will be used to analyze several key data elements to determine the program's fiscal sustainability by examining the following: a) the amount of cost avoidance achieved by the Department by reducing emergency room use and inpatient admissions for program participants, which in turn would justify the continued investment by DHS; b) the effectiveness of recent program changes to ensure maximum recoupment of program costs by JWCH through retroactive Medi-Cal payments and Medi-Cal revenue from visits occurring after SSI/SSDI approval; and c) whether the B.E.S.T. Project design can be effectively integrated into other Community Partners' scopes of work to allow for a re-solicitation of this program to capture a larger provider base. The cost avoidance analysis will also determine DHS' minimum threshold for competitively soliciting contracts for the B.E.S.T. approach to other providers as well as provide the basis for DHS to determine whether or not it is feasible to directly operate the program. Funding for the fourth and final demonstration project year will be requested only if the analysis concludes either that sufficient cost recovery revenue will be generated to provide adequate funding for the program, the cost avoidance or future savings justifies a departmental investment to continue the program as part of DHS Community Partner programs, or if additional HPI can be identified.

## **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommendations will ensure the continued provision of SSI/SSDI benefits assistance to the County's mentally and physically disabled homeless individuals.

The Honorable Board of Supervisors

10/11/2011

Page 5

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is written in a cursive, flowing style.

Mitchell H. Katz, M.D.

Director

MHK:mj

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

Contract No. H-704150-2

**HOMELESS SOCIAL SECURITY DISABILITY INSURANCE/SUPPLEMENTAL  
SECURITY INCOME DEMONSTRATION PROJECT AGREEMENT  
(BEST Project)**

**AMENDMENT NO. 2**

This AMENDMENT is made and entered into this \_\_\_\_\_ day of

\_\_\_\_\_, 2011,

by and between

COUNTY OF LOS ANGELES  
(hereafter "County"),

and

JWCH INSTITUTE, INC.  
(hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "The Homeless Social Security Disability Insurance/Supplemental Security Income Demonstration Project", dated September 15, 2009, and further identified as County Agreement No. H-704150 and all amendments thereto (hereinafter collectively identified as "Agreement");

WHEREAS, it is the intent of the parties hereto to amend the Agreement to extend the term, increase the maximum obligation of County, modify the program budget, and modify the Scope of Work, and;

WHEREAS, the parties reserve the right to further amend this Agreement within the scope of the delegated authority granted to the Director of Health Services (Director), or his designee; and

WHEREAS, said Agreement provides that changes may be made in the form of a written amendment which is formally approved and executed by both parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall be effective upon the date of approval by the County Board of Supervisors.

2. The second Sub-paragraph of Agreement Paragraph 2.0, DEFINITIONS, shall be amended to read as follows:

“2.2 Contractor: JWCH Institute, Inc.”

3. Agreement Paragraph 2.0, DEFINITIONS, Sub-paragraph 2.10, shall be amended to read as follows:

“2.10 Subcontractor: Any reference to Volunteers of America Los Angeles, Inc., shall be amended to only refer to the prime contractor, JWCH Institute, Inc. only.”

4. The first Sub-paragraph of Agreement Paragraph 4.0, TERM OF AGREEMENT, shall be amended to read as follows:

“4.1 The term of this Agreement shall be effective September 15, 2009 and shall continue, unless sooner terminated or canceled, in full force and effect to and including September 30, 2013. Director, on behalf of County, shall have the option to further extend this Agreement term for up to two (2) additional six month period extensions. Each such option and extension shall be exercised at the discretion of the Director, with the approval of County Counsel and the Chief Executive Office.”

5. Agreement Paragraph 5.0, BILLING AND PAYMENT, Sub-paragraph 5.1, shall be amended to read as follows:

“5.1 Contractor shall be paid in accordance with the Billing and Payments Exhibit, Exhibit B-3. During the term of this Agreement,

September 15, 2009 through September 30, 2013, the maximum obligation of County for Contractor's performance hereunder shall not exceed Two Million, Seven Hundred and Ten Thousand dollars (\$2,710,000). It is expressly understood that funding for this Agreement is currently budgeted for three years only. The fourth year of the Agreement is, as yet, unfunded and funding will only be determined later by County after review of the success of the Demonstration Project. Funding for the authorized final year will, if determined to be appropriate in the sole discretion of County, will be added through a written amendment at that time.

The Agreement may be increased by the Director, or his designee, in an amount not to exceed ten percent (10%) of the maximum obligation via written amendment."

6. Agreement Paragraph 5.0, BILLING AND PAYMENT, Sub-paragraph 5.3.4, shall be revised to read as follows:

"5.3.4 All invoices under this Agreement shall be submitted to DHS at the following address:

Department of Health Services

Homeless Services Unit

Attn: County Project Manager, B.E.S.T. Project

313 N. Figueroa Street, Suite 704

Los Angeles, CA 90012"



7. Agreement Paragraph 9.0, UNIQUE TERMS AND CONDITIONS, Sub-paragraph 9.3, CONTRACTOR'S OBLIGATIONS AS A "BUSINESS ASSOCIATE" UNDER HEALTH INSURANCE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA), shall be amended to read as follows:

**9.3 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) AND THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH)**

The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing regulations. Contractor understands and agrees that, as a provider of medical treatment services, it is a "covered entity" under HIPAA/HITECH and, as such, has obligations with respect to the confidentiality, privacy, and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures for the release of such information, including the use of appropriate consents and authorizations specified under HIPAA/HITECH.

9.3.1 The parties acknowledge their separate and independent obligations with respect to HIPAA/HITECH, and that such obligations relate to transactions and code sets, privacy, and security. Contractor understands and agrees that it is separately and independently responsible for compliance with HIPAA/HITECH in all these areas and that County has not undertaken any responsibility for compliance on Contractor's behalf. Contractor has not relied, and will not in any way rely, on County for legal advice or other representations with respect to Contractor's obligations under HIPAA/HITECH, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

9.3.2 Contractor and County understand and agree that each is independently responsible for HIPAA/HITECH compliance and agree to take all necessary and reasonable actions to comply with the requirements of the HIPAA/HITECH laws and implementing regulations related to transactions and code sets, privacy, and security.

9.3.3 Each party further agrees that, should it fail to comply with its obligations under HIPAA/HITECH, it shall indemnify and hold harmless the other party (including the other party's officers, employees, and agents), for damages to the other party that are attributable to such failure.

Further, Exhibit J, entitled "CONTRACTOR'S OBLIGATIONS AS A "BUSINESS ASSOCIATE" UNDER HEALTH INSURANCE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA)" shall be deleted in its entirety.

8. Exhibit A, STATEMENT OF WORK, shall be deleted and replaced in its entirety by Exhibit A-1, STATEMENT OF WORK, attached hereto and incorporated into the Agreement by reference.

9. Exhibit B-3, BILLING AND PAYMENT BUDGET schedules, shall be deleted and replaced in its entirety by Exhibit B-3A, BILLING AND PAYMENT BUDGET schedule, attached hereto and incorporated into the Agreement by reference.

10. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

/

/

/

/

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be executed by its Director of Health Services, and Contractor has caused this Amendment to be executed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
Mitchell H. Katz, M.D.  
Director of Health Services

\_\_\_\_\_  
JWCH INSTITUTE, INC.  
Contractor

By \_\_\_\_\_  
Alvaro Ballesteros, CEO

\_\_\_\_\_  
Printed Name

Title \_\_\_\_\_  
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM  
BY THE OFFICE OF THE COUNTY COUNSEL

## **STATEMENT OF WORK**

### **JWCH INSTITUTE, INC.**

#### **HOMELESS SOCIAL SECURITY DISABILITY INSURANCE (SSDI)/**

#### **SUPPLEMENTAL SECURITY INCOME (SSI)**

#### **DEMONSTRATION PROJECT (DP)**

#### **(BENEFITS ENTITLEMENT SERVICES TEAM)**

### **1.0 OVERVIEW**

The goal of the Homeless Social Security Disability Insurance (SSDI)/ Supplemental Security Income (SSI) Demonstration Project (DP) is to provide assistance to eligible homeless individuals in applying for and obtaining disability benefits through the provision of coordinated health, mental health, and case management services. The program is comprised of an integrated team of licensed health care professionals (e.g., physicians and psychiatrists), outreach workers, case managers and a project director that work together to provide primary health care, psychiatric services, and case management focused on documenting eligibility for disability benefits and coordinating the SSI application process. The team also coordinates the acquisition of past health

and mental health records while working closely with the Social Security Administration (SSA) and the State Disability Determination Services (DDS) so they can track the progress of submitted applications and the decisions on those applications.

## **2.0 PERSONS TO BE SERVED**

The target population for the DP shall be prioritized as follows:

- Priority 1: Homeless individuals living on the streets or in places not meant for human habitation.
- Priority 2: Homeless individuals who reside in shelter environments.
- Priority 3: Homeless individuals who reside in transitional housing.
- Priority 4: Formerly homeless individuals in permanent housing for less than one year, unless otherwise approved by DHS.

## **3.0 SERVICE DELIVERY SITES**

Contractor's facilities for the Homeless SSDI/SSI Demonstration Project shall be provided at sites to be determined by the Contractor and approved by DHS. These service delivery sites shall be in close proximity to public transportation. The contractor shall be licensed and Medi-Cal certified in accordance with current federal and State standards and shall provide medical and mental health services either as a satellite site in such facilities and/or in a directly operated clinic.

Contractor shall request approval from the Department of Health Services (DHS) in writing a minimum of thirty (30) days before altering schedules or terminating services at such location(s) and/or before commencing services at any other location(s).

A Memorandum of Understanding (MOU) shall be required for service delivery sites(s) on location(s) or properties not owned or leased by Contractor with the service provider who owns or leases such location or property. This shall include coordination with another agency, community based organization, and/or County entity. Contractor shall submit MOU to DHS for approval at least thirty (30) days prior to implementation.

## **4.0 CONTRACTOR PERSONNEL DEFINITIONS**

### **4.1 LICENSED HEALTH CARE PROFESSIONAL**

For purposes of this Agreement, a licensed health care professional is defined as a physician, physician assistant, psychiatrist, and/or nurse practitioner providing health and/or mental health care services. Such persons shall be licensed by the State of California. Additionally, Contractor shall ensure that non-physician health and/or mental health professionals are supervised by licensed health care professionals and that all health care record entries are signed off by a physician and all mental health record entries are signed off by a psychiatrist according to standard practice procedures established by federal and State requirements.

Contractor shall provide qualified health and mental health care practitioners that are responsible for the primary health and mental health care activities and duties outlined within this Exhibit under SERVICES TO BE PROVIDED (SECTIONS 6.F. and 6.G.).

### **4.2 HOMELESS SSDI/SSI DP PROJECT DIRECTOR**

Contractor shall provide a Project Director who shall be responsible for the overall day-to-day activities, management and coordination of the Agreement, and liaison activities with DHS. The Project Director shall have experience with contract management, contract compliance, budgets, working with homeless and/or special needs populations, and be able to provide administrative oversight to the multidisciplinary team. The DP Project Director shall have experience developing and implementing Quality Assurance plans.

Duties of the Project Director shall include, but not be limited to the following: (1) providing administrative supervision and management oversight of the DP; (2) preparing and submitting reports, invoices, and all other DHS requested documentation; (3) overseeing all DP activities and contract/performance requirements, including services provided by any Subcontractor(s); (4) monitoring and ensuring contract compliance; (5) ensuring that appropriate supervision and oversight is provided to all staff and subcontracted staff providing services under this Agreement; (6) responding to and resolution of crisis and emergency situations related to DP services and participants; (7) working closely with other DHS Homeless Services projects to obtain referrals for the DP and to refer DP participants to DHS Homeless Services projects to obtain housing, case management, and other supportive services; and (8) coordinate through DHS a system by which the Department of

Public and Social Services (DPSS)' General Relief (GR) to SSI project staff can avoid duplication of services by confirming GR status of potential DP participants and working with DPSS staff to advise the DP participant of their options to obtain assistance in applying for SSDI/SSI.

#### 4.3 CASE MANAGEMENT STAFF

Contractor shall provide qualified case management staff that are responsible for the case management activities and duties outlined within this Exhibit under SERVICES TO BE PROVIDED (SECTION 6.H).

#### 4.4 LEAD OUTREACH WORKER

Contractor shall provide a qualified lead outreach worker that is responsible for the outreach activities and duties outlined within this Exhibit under SERVICES TO BE PROVIDED (SECTION 6.A).

### **5.0 CONTRACTOR PERSONNEL TRAINING**

Contractor shall ensure that DP staff is provided appropriate training prior to performing services under this Agreement. Contractor shall work in cooperation with DHS on training issues related to the Homeless SSDI/SSI DP. At a minimum, personnel training topics shall include, but not be limited to:

- A. SSDI and SSI applications
- B. Disability documentation and documentation completion
- C. Substance use and mental health training
- D. Case management skills
- E. Dealing with difficult people
- F. Motivational interviewing
- G. Cultural diversity

## **6.0 SERVICES TO BE PROVIDED**

During the term of this Agreement, Contractor shall provide DP services in accordance with procedures formulated and adopted by Contractor's staff and approved by DHS, and consistent with laws, regulations, current health and mental health practices and standards, and the terms of this Agreement, including all Exhibits and Attachments. DP services shall be documented within the participants' case record, electronic database, and participant log as referenced within this Exhibit under Section 12.0 RECORDS, FORMS AND RECORD KEEPING, including all sub-paragraphs in this section. Contractor shall provide, but not be limited to, the following services:

- (1) Conducting outreach activities to identify and engage eligible homeless individuals and to ensure DP services are available to public, private, and non-profit agencies serving homeless individuals;
- (2) Evaluating homeless individuals for eligibility for SSDI/SSI benefits and enrolling eligible homeless individuals in the DP;
- (3) Determining the type of services and documentation needed for providing care and establishing eligibility;
- (4) Investigating and gathering historical and current health and mental health records;
- (5) Coordinating care and record retrieval with prior health and mental health care practitioners;
- (6) Providing appropriate health and mental health care and treatment as needed;
- (7) Documenting the health and mental health status of project participants;
- (8) Ensuring documentation of eligibility is accurate and appropriately completed;
- (9) Providing case management services to coordinate the activities of the multidisciplinary team and to assist project participants in all activities related to preparing successful SSDI/SSI applications;



(10) Documenting multidisciplinary team activities to ensure provision of integrated care to DP participants;

(11) Providing regular and ongoing communication between the Social Security Administration (SSA), Disability Determination Services (DDS), and the DP multidisciplinary team to facilitate contact between agencies and maximize expediency in processing and securing approvals of SSDI/SSI applications;

(12) Arranging for and providing access to transportation resources for DP participants;

(13) Providing consultation and mentoring to community agencies (e.g., Federally Qualified Health Centers [FQHC], FQHC look-alikes, mental health service providers, DHS-contracted Community Partners) serving homeless individuals to increase their capacity to provide benefits assistance and disability documentation services utilizing components of the B.E.S.T. model; and

(14) As directed by DHS, participating in the provision of trainings developed by DHS or in partnership with other entities on components of the B.E.S.T. model, including but not limited to: documenting disabilities, record retrieval activities, case management services, partnership with SSA and DDS, coordinated health and mental health services, outreach activities, and creation of a multidisciplinary team.

The provision of the primary health care and mental health care service components of the DP shall be provided by licensed health care professionals who shall maintain their knowledge and skill levels up-to-date in accordance with primary health and mental health care prevention and treatment approaches. DP health and mental health care staff shall demonstrate knowledge and expertise in documenting disabilities for establishing SSDI/SSI benefits. Contractor shall ensure that DP services are flexible and meet the needs of the priority target population, including the provision of both walk-in and scheduled visits.

Contractor shall ensure adherence to all laws and regulations related to client consents, authorizations, and privacy of health care, mental health care, and personal health information. Contractor shall ensure that appropriate consents and authorizations are completed in order to communicate and/or collaborate with DP participants' prior and/or current health and mental health care services providers to facilitate record retrieval, to

release or obtain personal or protected health information regarding DP participants, to transition DP participants to long-term primary health and mental health care, to refer and link DP participants to available resources and other supportive services, and to represent DP participants in obtaining SSDI/SSI benefits and any health and/or mental health coverage benefits.

DP service categories shall include, but are not limited to, the following activities:

**A. Outreach**

Contractor shall conduct outreach activities to reach homeless individuals and public, private and non-profit agencies serving homeless individuals. Outreach activities shall include, but are not limited to: dissemination of DP information, referring potentially eligible homeless individuals to the DP, and keeping DP participants engaged in the DP. Contractor shall ensure that priority target populations, as outlined within this Exhibit under PERSONS TO BE SERVED (SECTION 2.0), are effectively served through outreach activities. Contractor shall provide documentation to indicate which priority population the homeless individual is from and from where they were referred for the DP. Outreach activities shall include outreach to public, private and non-profit agencies serving homeless individuals. Ongoing and intensive outreach shall be directly to homeless individuals. Outreach activities shall include, but are not limited to:

- (1) Outreach activities to public, private and non-profit agencies serving homeless individuals:

- (a) Submit Outreach Plan for promoting the DP to public, private and non-profit agencies serving homeless individuals within Los Angeles County that includes, but is not limited to the following information: schedule and frequency of in-services, names of agencies and departments to be targeted for in-services, dissemination of written materials, DP staff responsible for outreach activities and in-services, sites to conduct in-services and dissemination of written materials for outreach activities.

- (b) Submit an Outreach Activities Log to DHS monthly that documents activities of outreach to public, private and non-profit agencies serving homeless individuals that includes, but is not limited to the following information: names of attendees, contact information of attendees, sites

visited, dates of outreach, length of visits, activities performed, names of staff conducting outreach, and location of in-services.

(c) Develop flyers, posters or other informational materials about the DP, program eligibility, and DP contact information. Informational materials shall include resource and referral information for homeless individuals who are not offered or who do not accept a referral to the DP, but are interested in applying for disability benefits.

(d) Submit Outreach Plan, Outreach Log and all DP related materials to DHS for approval within thirty (30) days of approval of Amendment No. 2.

(e) Disseminate DP information and materials to public, private and non-profit agencies serving homeless individuals.

(f) Coordinate with homeless coalitions and/or consortia in all Service Planning Areas (SPAs) to conduct periodic presentations to make DP available to homeless individuals from all parts of Los Angeles County within sixty (60) days of approval of Amendment No. 2.

(g) Conduct in-services with public, private and non-profit agencies serving homeless individuals, (e.g., shelters, housing providers, food programs, etc.), to ensure DP is available to homeless individuals from all parts of Los Angeles County.

(h) Conduct in-services with Los Angeles County health and human service departments to ensure DP is made available to homeless individuals being served by the County departments of Health, Mental Health, Public Health, Probation and Sheriff's Department. Conduct a minimum of 5 in-services during the term of Amendment No. 2 and provide informational presentations to the applicable staff.

(i) Conduct outreach to other DHS funded homeless projects to ensure the DP is made available to homeless individuals being served by other projects. Contractor shall engage in ongoing communication with DHS funded homeless projects and provide informational materials and make presentations.

(2) Outreach activities to homeless individuals that are ongoing and intensive:

(a) Recruit, hire, and train, a minimum of one (1) FTE Lead Outreach Worker within thirty (30) days of vacancy, as referenced within Exhibit B-1 (PERFORMANCE TARGETS MATRIX), to provide DP services.

(b) Submit all job descriptions to DHS for approval prior to posting.

(c) Maintain an Outreach Activities Log to document activities of street outreach and shelter based visits. Such log shall include, but is not limited to: DP staff responsible, sites for in-services, type of site, date of in-services, start and end times of each visit and/or in-service, activities performed, schedule/frequency and length of time of visit and/or in-service, and dissemination of promotional and educational materials for outreach activities.

(d) Develop flyers, posters or other informational materials about the DP, program eligibility, and DP contact information. Informational materials shall include resource and referral information for homeless individuals who are not offered or who do not accept a referral to the DP, but are interested in applying for disability benefits.

(e) Disseminate DP information and materials to homeless individuals living on the streets or in places not meant for human habitation or residing in shelter environments.

#### **B. Referrals to the DP and Evaluation of Eligibility**

Referrals to the DP and DP eligibility evaluation activities shall include, but are not limited to:

(1) Utilize the DP Referral and Screening form to be used by referring agencies, County Departments, and DP outreach staff, which will assist in determining if a homeless individual is likely to be eligible for disability benefits and DP services. The DP Referral and Screening form shall include, but is not limited to the following information: financial, medical, and mental health eligibility components, information regarding the

potential DP participant (including target population), Social Security Administration services, and referral source information.

(2) Review completed DP Referral and Screening forms to identify homeless individuals that are potentially eligible for enrollment into the DP.

(3) Accept referrals of homeless individuals that are potentially eligible for enrollment into the DP for a health and/or mental health evaluation to determine eligibility for the DP.

(4) Conduct a face-to-face evaluation by the DP case management team within one (1) week of the date of referral to determine if the referred individual will be offered participation in the DP.

(5) Contractor shall engage in ongoing communication by providing referrals to and accepting referrals from other DHS-funded homeless services projects.

#### **C. Enrollment into the DP**

Contractor shall enroll homeless individuals that have been evaluated by the Case Management team and determined to be eligible for DP services. Contractor shall ensure that homeless individuals who are referred to the DP, but determined to be not eligible for DP services are provided with resource and referral information to Social Security Administration services and other programs and/or supportive services that can assist homeless individuals with applications for disability benefits.

DP enrollment and intake activities shall include, but are not limited to:

- (1) Enrolling homeless individuals into DP services, registering DP participant in data/tracking systems, and establishing an open/active DP participant record.
- (2) Development and utilization of an Intake/Assessment form that includes, but is not limited to the following information: demographic information and bio-psychosocial and needs assessment information.

- (3) Development and utilization of appropriate program consents and authorizations.
- (4) Conduct and document participant intake/assessments and ensure DP participants complete appropriate program consents and authorizations.

**D. Completion and Submission of SSDI/SSI Applications**

Contractor shall ensure SSDI/SSI applications are completed on a timely basis and submitted to the SSA on behalf of DP participants. Application completion and submission activities shall include, but are not limited to:

- (1) Secure online protected filing date as soon as appropriate for each participant.
- (2) Complete and/or facilitate timely completion of all necessary forms and documents for participants' SSDI/SSI applications.
- (3) Compile all necessary forms and documents and submit completed SSDI/SSI application to the Social Security Administration (SSA) office on a timely basis.

**E. Tracking and Follow Up on Submitted SSDI/SSI Applications**

Contractor shall track and follow up on submitted SSDI/SSI applications for DP participants. Activities shall include, but are not limited to:

- 1) Monitor length of time SSDI/SSI applications have been pending decision at SSA/DDS. If the application has been pending with no communication for sixty (60) days, case management staff shall contact the SSA and/or DDS analyst to follow up on application status and advocate when necessary, and shall continue to follow up on a regular basis until a decision is reached.
- 2) Provide DP services during the SSDI/SSI reconsideration phase to DP participants for those who have their initial SSDI/SSI applications denied.

- 3) Provide accurate and timely information to DHS on outcomes of pending SSDI/SSI applications upon request.
- 4) Advocate for DP participants as it relates to the SSDI/SSI application to expedite processing times and to provide additional information to the DDS as it relates to the need for Consultative Exams.
- 5) Submit all SSDI/SSI decision letters to DHS at a minimum of once per month, or as directed by DHS.

**F. Primary Health Care**

Contractor shall provide primary health care services to DP participants for the period of time needed to complete the participant's health components of the SSDI/SSI application. These duties shall be performed by a Physician within a multidisciplinary team setting. Primary health care services shall include, but are not limited to:

- 1) Recruit, hire, and train, a minimum of one (1) FTE licensed health care professional, within thirty (30) days of any vacancy as referenced within Exhibit B-1 (PERFORMANCE TARGETS MATRIX), to provide DP services.
- 2) Provide primary health care that is age and gender appropriate; that is consistent with primary health care standards and practices; and in accordance with documenting disabilities as per guidelines from the Social Security Administration (SSA) and Disability Determination Services (DDS).
- 3) Conduct medical assessments and/or evaluations, and thoroughly document presenting problem, history and physical examination results, diagnoses, treatment, and treatment plan.
- 4) Provide counseling about diagnoses, prognoses, treatment, risks and benefits of treatment, treatment education, prevention, and risk reduction.

- 5) Regular health maintenance visits depending on the health status and/or chronic conditions.
- 6) Documentation of all aspects of health condition that will demonstrate the DP participant's eligibility for SSDI/SSI benefits.
- 7) Interact regularly with case management staff and Project Director to ensure that the care being provided to the DP participant is appropriate and is accurately documenting their disability(ies).
- 8) Medication management and counseling about issues such as treatment adherence, medication interactions and side effects.
- 9) Referrals to specialty health care services when needed.
- 10) Referrals to ancillary services, including, but not limited to, the following services: radiology, laboratory, and pharmacy.
- 11) Coordination of DP participant's health care, including communications with previous and current health care and specialty care providers, review of existing health records, and transition to a primary healthcare provider after DP completion.
- 12) Partnership with mental health provider(s) to ensure health and mental health care services are integrated and seamless.
- 13) Regular and ongoing participation in multidisciplinary team meetings and other activities.

#### **G. Mental Health Care**

Contractor shall provide mental health care for the period of time needed to complete the mental health components of the SSDI/SSI application. These duties shall be performed by a Psychiatrist within a multidisciplinary team setting. Mental health care services shall include, but are not limited to, the following:

- (1) Recruit, hire, and train, a minimum of one (1) FTE licensed mental health professional within thirty (30) days of any vacancy, as



referenced within Exhibit B-1 (PERFORMANCE TARGETS MATRIX), to provide DP services.

- (2) Provide mental health care that is age and gender appropriate; consistent with mental health care standards and practices; and in accordance with documenting psychiatric disabilities as per guidelines from the Social Security Administration (SSA) and Disability Determination Services (DDS).
- (3) Provide mental health care that is consistent with mental health practices and standards.
- (4) Conduct mental health assessments and thoroughly document presenting problem, psychiatric and substance abuse history, diagnoses, treatment, and treatment plan.
- (5) Counseling about diagnoses, prognoses, treatment, risks and benefits of treatment, treatment education, prevention, and risk reduction.
- (6) Regular mental health maintenance visits depending on the mental illness and/or chronic conditions.
- (7) Documentation of all aspects of mental health condition(s) that will demonstrate the DP participant's eligibility for SSDI/SSI benefits.
- (8) Interact regularly with case management staff and Project Director to ensure that the care being provided to the DP participant is appropriate and is accurately documenting their disability(ies).
- (9) Medication management and counseling about issues such as treatment adherence, medication interactions and side effects.
- (10) Referrals to ancillary services such as, but not limited to laboratory and pharmacy services.
- (11) Coordination of DP participant's mental health care, including communications with previous and current mental health care

providers, review of existing mental health records, and transition to a mental health care provider after DP completion.

- (12) Partnership with primary health care provider(s) to ensure provision of integrated health and mental health care services.
- (13) Regular and ongoing participation in multidisciplinary team meetings and other activities.

#### **H. Case Management**

Contractor shall ensure that case management services coordinate all activities of the multidisciplinary team and all aspects of the SSDI/SSI application process through the reconsideration phase, if needed. Case management services shall include, but are not limited to:

- (1) Maintain a minimum of four (4) FTE case managers and fill any vacancies within thirty (30) days, as referenced within Exhibit B-1 (PERFORMANCE TARGETS MATRIX), to provide DP services.
- (2) Each case manager shall maintain an appropriate case load to ensure that DP services are provided in accordance with stated performance targets outlined in Exhibit B-1, PERFORMANCE TARGETS MATRIX.
- (3) Conduct a case management assessment for each program participant to determine all activities needed to prepare a successful SSDI/SSI application for the DP participant.
- (4) Participate in regularly scheduled team staff meetings and ensure that, cases are discussed, and Treatment Planning forms are updated to reflect any new goals/objectives as a result of such meetings and one-on-one supervision by DP Project Director. These forms should be completed and updated at a minimum of once every three (3) months, or more frequently as needed, as referenced within this Exhibit under SERVICES TO BE PROVIDED (SECTION 6.H).

- (5) Coordination of referrals, linkages and ongoing communication with specialty care and other service providers as it relates to the completion of the SSDI/SSI application.
- (6) Investigation of prior health and mental health records relevant to the DP participant's disability for the purposes of the SSDI/SSI application.
- (7) Coordination and compilation of all necessary documents to thoroughly complete and provide strong disability documentation in the SSDI/SSI application.
- (8) Obtain documentation of past and current health and mental health records, including diagnoses, histories, physical examination results, treatment plans, prognoses, and ancillary and/or specialty services of the DP participant, as related to program participant's disability, etc.
- (9) Serve as a contact for the multidisciplinary team in all activities related to the SSDI/SSI application processes, including but not limited to: ongoing communication among the multi-disciplinary team regarding DP participants and any changes in physical health or mental health conditions, housing situations, and status updates.
- (10) Serve as link between the multidisciplinary team and the Social Security Administration, Disability Determination Services, County departments, and other public, private and non-profit agencies serving homeless individuals.
- (11) Ensure engagement and maintenance of participants in services including tracking the participant's whereabouts, and arranging for temporary and/or permanent housing.
- (12) Arrange for representative payees for those DP participants who require assistance in money management.
- (13) Provide crisis intervention to mitigate any potential barriers to maintaining participation in the DP.

- (14) Provide accurate and timely information on the DP Client Participation Log to DHS staff as requested by DHS.
- (15) Provide documentation of ongoing health and mental health care
- (16) Provide documentation of referrals, resources, and services provided to the DP participant

#### **I. Multidisciplinary Team**

Contractor shall ensure that all DP activities are coordinated and implemented within the multidisciplinary team setting. A multidisciplinary team that includes a physician, a psychiatrist, case management staff, a project director, and a medical assistant, shall be assembled to provide integrated care to DP participants. The physician will provide primary health care services, the psychiatrist will provide mental health services, and case managers will coordinate all activities of the multidisciplinary team and all aspects of the SSDI/SSI application processes. Multidisciplinary team activities shall include, but are not limited to:

- (1) Participation by health, mental health, and case management staff in the care, treatment and documentation of a DP participant's disability. A DP Treatment Plan form shall be completed and updated at a minimum of once every three (3) months, or more frequently as needed and placed in the participant's case record and include sections for documenting treatment and care planning activities for health, mental health, and case management services, as well as time lines for each activity.
- (2) Consult and facilitate ongoing communication among the multidisciplinary team regarding DP participants and any changes in physical health and/or mental health conditions, housing situations, and any status updates.
- (3) Develop and implement a Transition plan to be utilized by the multidisciplinary team for those participants who have completed the DP and provide linkages to a primary health care provider, to other supportive services, shelter, transitional housing and/or permanent housing options.

**J. Linkage with Social Security Administration (SSA) and Disability Determination Services (DDS)**

Contractor shall ensure that case management staff provides linkages between the SSA and DDS and the DP multidisciplinary team. Case management staff shall collaborate with the SSA and DDS to promote strong disability documentation and to maximize the DP's proficiency in submitting successful initial SSDI/SSI applications. These liaison activities shall include, but are not limited to:

- (1) Establish a formal relationship and have ongoing communication with SSA and DDS as related to the DP participant's SSDI/SSI application, programmatic issues, staff training needs, SSA and DDS updates, etc.
- (2) Identify and maintain points of contact at SSA and DDS.
- (3) Arrange training for all DP staff related to effective disability documentation, SSDI/SSI application completion, and submission of successful initial SSDI/SSI applications.
- (4) Streamline the application process for DP participants.
- (5) Develop and implement strategies for expediting completion and submission of SSDI/SSI applications to SSA and respond to subsequent inquiries and/or request from SSA and DDS.
- (6) Act as a third party contact and advocate on behalf of DP participants for issues related to the application, processing times, Medi-Cal reimbursement and/or recoupment and consultative exams.

**K. Transportation**

Contractor shall arrange transportation resources for DP participants for appointments, evaluations, hearings, and all other activities that may be required to facilitate successful SSDI/SSI applications. Contractor shall submit to DHS a Transportation plan to describe what transportation resources will be utilized and how DP participants will access these resources for the purposes of completing a successful SSDI/SSI application while also improving their health and mental health

outcomes. This document shall describe the types of transportation resources offered, how participants will access the transportation resources offered, eligibility for the different types of transportation, and how Contractor will track, coordinate and manage these resources. The Transportation Plan shall be submitted to DHS within thirty (30) calendar days from the effective date of Amendment No. 2. Transportation resources shall include, but are not limited to: (1) driving program participants to and from appointments, when necessary; (2) Net van; (3) Access Paratransit (Access Services) and other health-related transportation resources; (4) MTA bus passes; (5) bus tokens; and (6) taxi vouchers.

Transportation resources shall be tracked by the Contractor in a Transportation log. Such log shall include, but is not limited to, the following information: (1) participant's name; (2) date of birth or project ID number; (3) mode of transportation; (4) destination location; and (5) reason for transportation.

## **7.0 PROJECT SUSTAINABILITY**

In order to reduce County costs and strengthen project sustainability, the Contractor shall ensure that DP staff evaluates all DP participants' eligibility for enrollment into health care coverage programs. Contractor shall maximize collection of reimbursement for services provided and receive reimbursements from private and public third-party payers, including Federal and State funding sources. Contractor shall ensure that, to the extent a recipient of services under this Agreement is eligible for coverage under Medi-Cal, Medicare, or any other Federal or State funded program, services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. In addition, DP staff shall facilitate completion of the appropriate request, consent and authorization forms, including the Medi-Cal Appointment of Representative form; ensure submission of completed form(s) to Department of Public Social Services Medi-Cal division staff for requesting retroactive Medi-Cal benefits; and track and follow-up on the status of the retroactive Medi-Cal request, in order to expedite approval and receipt of retroactive Medi-Cal recoupment.

Contractor shall track and provide DHS with monthly billing and recoupment and reimbursement reports for all physical health and psychiatric visits, or as directed by DHS. These reports shall include but are not limited to, providing recoupment amounts for the retroactive Medi-Cal period three (3) months prior to participants' Medi-Cal effective date, and the dates of all billings and reimbursements received.

## **8.0 ADDITIONAL REQUIREMENTS**

### **A. Clinical Supervision**

Contractor shall provide and document clinical supervision for each case manager and outreach staff providing services in the DP. Such clinical supervision may be conducted in individual or group settings. Clinical supervision shall include discussion of participants and their progress in the DP, assistance in problem solving related to DP participant's progress towards the goal of submitting successful SSDI/SSI applications, and to ensure that professional guidance and high quality case management services are being provided. For each participant discussed, the clinical supervisor shall address the identified issues and concerns, provide appropriate clinical guidance and recommend follow up plans. Clinical supervisor shall have experience in providing case management services and hold appropriate professional credentials.

### **B. Missing Participants**

Contractor shall develop and implement a policy and procedure regarding DP participants that miss appointments. Such policy and procedure shall outline how follow-up and tracking activities will take place within twenty-four (24) hours of a missed appointment. Such activities shall include, but are not limited to: direct contact, outreach, telephone calls, and written correspondence (if appropriate) and establishing clear guidelines and policies on how long to wait before closing a case.

## **9.0 PERFORMANCE MEASURES**

This Agreement includes performance targets that will assist in measuring the Contractor's performance related to providing DP services. These measures will evaluate the Contractor's abilities in meeting performance targets in accordance with Exhibit B-1 (Performance Target Matrix) of this Agreement. Such performance targets include, but are not limited to, the following areas: outreach services to the priority target population, referrals and enrollment into the DP, completion and submission of SSI/SSDI applications, success of initial submitted applications, provision of health and mental health care and case management services within a multidisciplinary setting and linkages or referrals to shelter, drug/alcohol treatment/rehabilitation, Board and Care facilities, sober living, skilled nursing facility, recuperative care, transitional housing, permanent housing, etc.

## **10.0 STAFF QUALIFICATIONS**

Physicians, Psychiatrists, Physician Assistants, Nurse Practitioners, Licensed Clinical Social Workers and Licensed Vocational Nurses funded under this Agreement shall be licensed and in good standing with the State of California. Case managers and outreach staff shall have at least one (1) year of experience working with homeless individuals, or worked at least three (3) years within a related field of health and social services.

#### **11.0 CONTRACTOR'S QUALITY CONTROL PLAN**

Contractor shall utilize a comprehensive Quality Control Plan (QCP) to assure the County a consistently high level of quality and service throughout the term of this Agreement.

The QCP, which is subject to approval or rejection by DHS, shall be submitted to the DP Project Manager within ninety (90) calendar days from the from the effective date of Amendment No. 2. Revisions to the QCP shall be submitted as changes occur during the term of the Agreement. The QCP shall include, but not be limited to, the following components:

- (1) Method for assuring that professional staff providing services under this agreement have qualifying experience;
- (2) Method for monitoring to ensure that contract requirements are being met;
- (3) Method for monitoring Subcontractor(s), if any, for compliance and quality of services;
- (4) Method for identifying, preventing, and correcting deficiencies in the quality of service before the level of performance becomes unacceptable;
- (5) Method for assuring that confidentiality of DP participants' information is maintained;
- (6) Method for a DP participant to submit a grievance for proper review and resolution;
- (7) Method for resolving problems and addressing any participant grievances that shall include, but is not limited to, when the problem was first identified and the corrective action taken. The report shall be provided to DHS upon request;



- (8) Method for monitoring progress towards achieving performance target measures; and
- (9) Method for ensuring thorough and complete SSDI/SSI applications prior to submission to SSA.

In addition, Contractor shall ensure the implementation of the QCP that includes, but is not limited to, the following activities: (1) measurement of outcome indicators; (2) development of data collection method - to include sampling strategy, collection method, and creation of a data collection tool(s); (3) collection and analysis of data; and (4) identification of improvement strategies, tracking progress, and sustaining achieved improvement.

## **12.0 RECORDS, FORMS AND RECORD KEEPING**

Contractor shall maintain integrated records on each individual participant which shall be current and detailed consistent with good medical and psychiatric practice in accordance with the California Code of Regulations. Contractor shall maintain retrievable records relating to each DP participant served under this Agreement. Contractor shall maintain all records at a central facility for five (5) years from termination of this Agreement or until all audits are completed and settled, whichever is later. DP participant records shall be kept in a folder, identifiable by DP participants' name. In addition, Contractor shall maintain and update on a regular basis, as directed by DHS, an electronic DP participant log and an electronic database system.

Contractor shall obtain written approval from DHS for all forms, logs, written materials (e.g., flyers, posters, outreach materials) and policies and procedures utilized for the DP prior to its use in the program. Contractor shall submit for approval such forms and policies and procedures to DHS at least thirty (30) days prior to the projected date of use.

**12.1 PARTICIPANT CASE RECORDS:** Contractor shall maintain mental health, case management and all other related documentation within one DP participant case record. Contractor shall maintain health records within a separate file to be maintained by contractor's medical records staff. DP participant's case records and health records shall be current and kept in detail consistent with health and mental health and professional practices and standards and in accordance with the California Code of Regulations.

DP participant case records shall include, but not be limited to:

- (1) B.E.S.T. referral form or documentation of the agency that referred the participant;
- (2) Authorization to release information form(s);
- (3) Participation agreement and other consent forms;
- (4) Bio-psychosocial Assessment;
- (5) Current problem list and appropriate treatment/management plans for health and mental health conditions;
- (6) Separate tab for completed mental health assessment(s) including diagnoses, and ongoing mental health treatment documentation by licensed health care professional;
- (7) Case management progress notes to include but not limited to services provided, SSDI/SSI application information (e.g., dates of submission, documentation of communication with SSA/DDS staff, etc.), referrals given, and housing linkages;
- (8) Copy of the completed SSDI/SSI application on file and all accompanying paperwork (e.g., DDS disability questionnaires, MD evaluation letter(s), medical and mental health records, etc.);
- (9) DP Treatment Plan;
- (10) Transition plan and results of transition;
- (11) Documentation notating any contacts made with or on behalf of the DP participant;
- (12) Copy of the SSDI/SSI decision letter; and
- (13) Case closure summary including the date, signature of the appropriate DP staff, date SSDI/SSI benefits were established, SSDI/SSI benefit amount, status of primary health care and/or mental health care, name and location of medical home, utilization of support services, referrals provided for ongoing care, housing status at case closure (i.e., shelter, drug

rehabilitation, transitional housing, permanent housing, etc.), and, if still homeless, reason(s) for lack of housing.

12.2 DP PARTICIPANT LOG: Contractor shall maintain an electronic DP Participant Log that includes all enrolled DP participants. Contractor shall ensure that the Participant Log is updated on a regular basis and monitored for timeliness of updates and accuracy of data/information. Contractor shall submit an updated Participant Log to DHS on a weekly basis, or as directed by DHS.

The DP Participant Log shall include, but not be limited to, the following information: participant first name and last name, date of birth, social security number, gender, race, date of birth, age, referral source, enrollment date, assessment date, diagnosis, living situation, homeless/housing status, the number of months or years the participant has been homeless, current income source, site at which services are being provided, case manager in charge of the case, protected online filing date, current status of application and pending items, application completion date, application submission date, status of application at SSA/DDS, application decision, date of decision, type of housing that has been obtained for client, reconsideration application and decision information, case status, and case closure reason.

12.3 DP DATABASE SYSTEM: Contractor shall maintain an electronic DP database system to include project information and data related to DP services, participant information and status, SSDI/SSI application process, participant and project outcomes, and other data as directed by DHS. Contractor shall ensure that the database is updated on a regular basis and monitored for timeliness of updates and accuracy of data/information. The database shall be used to compile and provide reports as directed by DHS.

### **13.0 REPORTING TASKS**

Contractor shall make reports as may be required by DHS and/or the County concerning DP activities and operations as they affect the contract duties, purposes, and services contained herein.

A. Monthly and Quarterly Reports: Contractor shall complete a monthly report for DP services as directed by DHS. A signed hard copy of the DP monthly report and, as requested, an electronic format of the report shall be submitted to the County's Project

Manager with the monthly invoice, monthly third party billing and recoupment/reimbursement report, and copies of all SSDI/SSI decision letters for that month by the fifteenth (15<sup>th</sup>) calendar day of each month following the report month.

A signed hard copy of the DP quarterly report and, as requested, an electronic format of the report shall be submitted to the County's Project Manager by the fifteenth (15<sup>th</sup>) calendar day after the end of the quarter. The reports shall clearly reflect all required information and shall be sent to the DP Project Manager at: County of Los Angeles Department of Health Services, 313 N. Figueroa Street, Suite 704, Los Angeles, California 90012.

Elements to be included in the monthly and quarterly reports shall include, but not be limited to the following information:

- (1) A narrative of any concerns and/or changes in staff, sites, recommendations, for systems improvements, and/or other processes as necessary;
- (2) Program data, as directed by DHS, including but not limited to the following:
  1. Number of individuals referred to the DP and source(s) of referrals;
  2. Number and percent of referred individuals by the priority target population;
  3. Number and percent of referred individuals who were enrolled into the DP by referral source;
  4. Number and percent of participants served by the DP;
  5. Number and percent of participants who completed the SSDI/SSI application process (i.e., applications submitted);
  6. Number and percent of participants whose initial SSDI/SSI applications were approved and whose initial applications were denied by SSA;
  7. Number and percent of participants that had SSDI/SSI applications approved after an initial denial;

8. Average amount of time taken to complete each phase of DP services, including, but not limited to, the following phases: compilation of appropriate disability documentation, submission of initial application, notification of approval or denial from SSA, resubmission of application, and notification of decision regarding resubmission;
  9. Number and percent of participants linked into a previously utilized and into a new primary health care provider after services provided through DP are completed;
  10. Number and percent of participants that were living in the streets or places not meant for human habitation, emergency shelters, transitional housing, and permanent housing at (1) enrollment into the DP and at (2) completion of DP services.
  11. Number and percent of individuals who had approved SSDI/SSI
- (3) A monthly third party billing and recoupment/reimbursement report including totals for the month and contract period to date for the amount billed to third parties and amount of reimbursement received from third parties for services provided to DP participants, broken into the following categories, or as directed by DHS:
1. Retroactive Medi-Cal recoupment for services provided within three (3) months prior to SSI protected application filing date;
  2. Medi-Cal reimbursement received for services provided since the SSI protected application filing date; and
  3. Any other third party reimbursement.
- (4) Any additional information that may be required at DHS and/or County discretion.

B. Other Ad Hoc Reports: As directed by DHS, Contractor shall submit any other ad hoc reports as requested by DHS, the County, Board of Supervisors, the State or other County agencies or entities for budgetary or other purposes. other monthly, quarterly, semi-annual,

and/or annual reports in hard copy, electronic, and/or online format within the specified time period for each requested report. Reports shall include all the required information and shall be completed in the manner and time frame to be described by DHS.

C. Contract Term End Report: By thirty (30) days after the end of initial two (2) year contract term, Contractor shall complete and submit a DP evaluation report that highlights accomplishments and lessons learned through the development, implementation, and operation of the DP. This report shall include, but is not limited to, the following information: description of the DP design; DP development, implementation, and operation, and evaluation activities; data analysis and outcomes; discussion of lessons learned and recommendations for future efforts; and other programmatic and administrative materials for improving the abilities of future programs to assist homeless individuals in obtaining disability benefits. By thirty (30) days after the end of the term of Amendment No. 2, Contractor shall update the Contract Term End Report and submit to DHS.

#### **14.0 EMERGENCY AND DISASTER PLAN**

Contractor shall submit to DHS within thirty (30) calendar days from the from the effective date of Amendment No. 2 an emergency and disaster plan that describes the procedures and actions to be taken in the event of an emergency, disaster, or disturbance in order to safeguard Contractor's staff and recipients of services from Contractor. Situations to be addressed in the plan shall include emergency medical treatment for physical illness or injury of Contractor's staff and recipients of services from Contractor, earthquake, fire, flood, resident disturbance, and work action. Such plan shall include Contractor's specific procedures for providing this information to all program staff.

#### **15.0 EMERGENCY MEDICAL TREATMENT**

Participants receiving services hereunder who require emergency medical treatment for physical illness or injury shall be transported to an appropriate medical facility. Contractor shall have a written policy for staff regarding how to respond to a need for emergency medical treatment for recipients of services provided under this Agreement. Contractor shall submit this policy to DHS within thirty (30) calendar days from the from the effective date of Amendment No. 2

#### **16.0 CULTURAL COMPETENCY**

Program staff should display non-judgmental, culture-affirming attitudes. Program staff should affirm that participants of ethnic and cultural communities are accepted and valued. Programs are urged to participate in an annual self-assessment of their cultural proficiency.

## **17.0 USE OF OUTSIDE RESOURCES**

Contractor, upon DHS approval, may use outside resources and/or services for providing temporary housing and/or other supportive services to DP participants if:

1. There is NO charge to the County;
2. Participant's confidentiality rights and privacy are protected; and
3. Services provided by outside resources during the time the DP participant is receiving DP services are monitored by DP staff.

**BILLING AND PAYMENT**

**BUDGET**

**JWCH INSTITUTE, INC.**

**HOMELESS SOCIAL SECURITY DISABILITY INSURANCE/SUPPLEMENTAL  
SECURITY INCOME DEMONSTRATION PROJECT (DP)**

**BUDGET PERIOD**

October 11, 2011through October 10, 2012

**PROGRAM BUDGET**

Salaries and Employee Benefits	\$ 769,345
Services and Supplies	\$ 49,655
Contractual	\$ 0
Indirect Cost	<u>\$ 91,000</u>
<b>TOTAL BUDGET</b>	<b>\$ 910,000</b>



**EXHIBIT B-1A**  
**HOMELESS SOCIAL SECURITY INSURANCE/SUPPLEMENTAL SECURITY INCOME DEMONSTRATION PROJECT (DP)**  
**PERFORMANCE TARGETS MATRIX**  
**TERM: October 11, 2011 to September 30, 2012**

The Contractor will achieve the measurable objectives as outlined in the following work plan. Implementation and evaluation activities are to be completed according to the stated timelines and are to be documented and/or submitted as specified. All program documents, completed materials, evaluations, etc., will be maintained on file and available for review by DHS upon request.

**Contractor: JWCH Institute, Inc.**

**Goal: To provide assistance in obtaining disability benefits (i.e., SSDI/SSI) for eligible homeless individuals in Los Angeles County.**

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
1.0 Develop, implement, and administer DP services in accordance with Amendment No. 2, including all referenced Exhibits and Attachments.	1.1 Recruit, hire, and train one (1) FTE DP Project Director.	Completed within 30 days of vacancy	1.1.A Submit job description to DHS for approval.  1.1.B Submit resume of hired DP Project Director to DHS.  1.1.C Maintain verification of all trainings received for the Lead Outreach Worker.
2.0 Conduct outreach activities to public, private, and non-profit agencies serving homeless individuals within Los Angeles County to promote referrals to the Homeless SSDI/SSI Demonstration Project (DP).	2.1 Develop and implement an updated Outreach Plan to promote the DP to public, private and non-profit agencies serving homeless individuals within Los Angeles County that includes, but is not limited to, the following information: regular in-services provided on a regular and on-going basis, DP staff responsible for overseeing and for conducting outreach activities, sites and locations (including SPA information) of in-services to be conducted, number of attendees, dissemination of DP promotional and informational materials, and schedule and frequency of in-services.	Completed by November 11, 2011	2.1 Submit Outreach Plan to DHS for approval. Activity and progress will be documented in monthly reports and/or provided to DHS upon request.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
	2.2 Develop DP promotional flyers, posters, and other informational materials, if necessary.	Completed by November 11, 2011	2.2 Submit all promotional and informational materials to DHS for approval.
	2.3 Develop and maintain an Outreach Activities Log that includes, but is not limited to, the following information: in-service sites and agency's information, dates and times of in-services, length of in-services, activities performed, staff conducting in-services, number of attendees, and summary of information and materials provided during in-service.	Completed by November 11, 2011 and Ongoing	2.3.A Submit Outreach Activities Log form to DHS for approval.  2.3.B Ongoing review of completed Outreach Activities Logs.
	2.4 Conduct on-site visits and provide in-services to public, private and non-profit agencies serving homeless individuals within Los AngelesCounty.	November 11, 2011 and Ongoing	2.4 Documentation of on-site visits and in-services on Outreach Activities Log. Activity and progress will be documented in monthly reports.
	2.5 Disseminate DP information and promotional materials to public, private and non-profit agencies serving homeless individuals within Los AngelesCounty.	November 11, 2009 and Ongoing	2.5 Documentation of dissemination of DP information and materials on Outreach Activities Log and in monthly reports.
	2.6 Conduct a minimum of 5 on-site visits and provide in-services to the County Departments of Health, Mental Health, Public Health, Probation and Sheriff's Department.	November 11, 2011 and Ongoing	2.6 Documentation of on-site visits and in-services on Outreach Activities Log. Activity and progress will be documented in monthly reports.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
	2.7 Periodically attend homeless coalitions and/or consortia meetings in all Service Planning Areas (SPAs) and disseminate DP information and promotional materials.	November 11, 2011 and Ongoing	2.7 Documentation of participation in and/or presentations to homeless coalitions and/or consortia on Outreach Activities Logs and in monthly reports.
3.0 Conduct ongoing and intensive outreach activities to homeless individuals to promote referrals to the Homeless SSDI/SSI Demonstration Project (DP).	<p>3.1 Develop and implement an updated Outreach Plan that includes, but is not limited to, the following information: sites to be visited and locations (e.g., street locations, shelters, housing programs, river beds, encampments, etc.), schedule of visits, activities to be performed, types of follow-up activities to be delivered and how they will be achieved, and description of DP information and promotional materials to be disseminated during visits.</p> <p>The Outreach Plan shall detail the strategy to be used to ensure that a minimum of 75% of outreach activities will be conducted on the streets, in places not meant for human habitation, and in shelter environments. Up to 25% of outreach activities can be conducted in transitional or permanent housing settings.</p>	Completed by November 11, 2011 and Ongoing	3.1 Submit Outreach Plan to DHS for approval. Activity and progress will be documented in monthly reports and/or provided to DHS upon request.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
	3.2 Recruit, hire, and train one (1) FTE Lead Outreach Worker.	Completed within 30 days of vacancy	3.2.A Submit job description to DHS for approval.  3.2.B Submit resume of hired Lead Outreach Worker to DHS.  3.2.C Maintain verification of all trainings received for the Lead Outreach Worker.
	1	1	1
	3.4 Develop DP information and promotional materials that are relevant and culturally consistent for use with the identified priority target population.	Completed by November 11, 2011 and Ongoing	3.4 Submit all DP promotional and informational materials to DHS for approval.
	3.5 Develop flyers that indicate the outreach visit schedule and DP staff contact information, as well as other informational materials about DP services.	Completed by November 11, 2011 and Ongoing	3.5 Submit all DP promotional and informational materials to DHS for approval.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
	3.6 Develop and maintain an Outreach Activities Log that includes, but is not limited to, the following information: sites visited and locations (e.g., street locations, shelters, housing programs, river beds, encampments, etc.), dates and times of outreach visits, length of outreach visits, activities performed, staff conducting outreach visits, and summary of DP information and promotional materials provided during outreach visits.	Completed by November 11, 2011 and Ongoing	3.6.A Submit Outreach Activities Log form to DHS for approval.  3.6 B Ongoing review of completed Outreach Activities Logs.
	3.7 Conduct a minimum of 75% of ongoing and intensive outreach activities on the streets and places not meant for human habitation and in shelter environments to homeless individuals.	November 11, 2011 and Ongoing	3.7.A Documentation of ongoing and intensive outreach activities on Outreach Activities Log. Activity and progress will be documented in monthly reports.  3.7.B Ongoing review of completed Outreach Activities Logs.
	3.8 Conduct up to 25% of ongoing and intensive outreach in transitional and permanent housing environments.	November 11, 2011 and Ongoing	3.8.A Documentation of ongoing and intensive outreach activities on Outreach Activities Log. Activity and progress will be documented in monthly reports.  2.8.B Ongoing review of completed Outreach Activities Logs.
	3.9 Disseminate DP information and promotional materials to homeless individuals within Los Angeles County.	November 11, 2011 and Ongoing	3.9 Documentation of dissemination of DP information on Outreach Activities Log and in monthly reports.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
4.0 A minimum of <u>600</u> referrals of homeless individuals will be accepted and evaluated for appropriateness to be enrolled into the DP.	4.1 Implement a DP Referral and Screening form to be used by referring agencies, County departments, and DP outreach staff. DP Referral and Screening form shall include, but is not limited to, the following information: financial, medical, and mental health eligibility components, information regarding the potential DP participant (including priority target population), and referral source information.	Completed by November 1, 2011 and Ongoing	4.1.A Submit DP Referral and Screening form to DHS for approval.  4.1.B Ongoing review of completed Referral and Screening forms.
	4.2 For individuals who are identified through the referral and screening process as likely eligible for disability benefits, the multidisciplinary team will conduct a face-to-face evaluation within one (1) week of the date of referral to determine if the referred individual will be offered participation in the DP.	November 11, 2011 and Ongoing	4.2 Review documented referral disposition and follow-up activities.
	4.3 A minimum of 75% of the 600 referrals accepted by the DP for a face-to-face evaluation shall be for homeless individuals who are living on the streets or places not meant for human habitation or reside in shelter environments.	November 11, 2011 and Ongoing	4.3 Documentation of referrals to the DP and evaluations for DP enrollment maintained on file. Activity and progress will be documented in monthly reports.
5.0 A minimum of <u>480</u> homeless individuals will be enrolled into the DP and complete a project intake and assessment.	5.1 Develop an Intake/Assessment form that includes, but is not limited to, the following information: demographic information and biopsychosocial and needs assessment information.	Completed by November 11, 2011 and Ongoing	5.1 Submit Intake/Assessment form to DHS for approval.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
	5.2 Develop appropriate program consent and authorization forms.	Completed by November 11, 2011 and Ongoing	5.2 Submit program consent and authorization forms to DHS for approval.
	5.3 Conduct intake/assessments within one (1) week of enrollment and ensure DP participants complete appropriate program consents and authorizations.	November 11, 2011 and Ongoing	5.3.A Documentation of DP enrollment and completed intake/assessments maintained in participant case records. Activity and progress will be documented in monthly reports.  5.3.B Ongoing review of participant case records.
6.0 A minimum of <u>370</u> SSDI/SSI applications for DP clients will be completed and submitted to the Social Security Administration (SSA).	6.1 Develop and maintain an SSDI/SSI Application Completion and Submission Log that includes, but is not limited to, the following information: DP participant name, date of birth, social security number, enrollment date, current status of application and pending items, relevant dates, application completion date, application submission date, and method of application submission.	Completed by November 11, 2011 and Ongoing	6.1.A Submit Application Completion and Submission Log form to DHS for approval.  6.1.B Ongoing review of completed Application Completion and Submission Logs.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
7.0 A minimum of 270of the submitted SSDI/SSI initial applications for DP participants will be approved by the Social Security Administration and SSDI/SSI notifications of award will be received by the DP.	7.1 Develop and maintain an SSDI/SSI Application Tracking Log to document and track the progress of pending SSDI/SSI applications and outcomes.	Completed by November 11, 2011and Ongoing	7.1.A Submit Application Tracking Log form to DHS for approval.  7.1.B Ongoing review of completed Application Tracking Log.
	7.2 A minimum of 75% of the 270 initially submitted SSDI/SSI applications will be approved by SSA.	November 11, 2011 and Ongoing	7.2 Documentation of approved SSDI/SSI applications on Application Tracking Logs and within participant case records. Activity and progress will be documented in monthly reports.
8.0 Provide primary health care services to DP participants for the purposes of documenting eligibility for SSDI/SSI benefits.	8.1 Recruit, hire, and train one (1) FTE licensed Physician.	Completed within 30 days of vacancy November 11, 2011	8.1.A Submit job description to DHS for approval.  8.1.B Submit resume of hired physician to DHS.  8.1.C Maintain verification of all trainings attended by licensed Physician.
	8.2 For each DP participant, conduct regular health visits, with consideration for the participant's disability establishment and documentation needs, current health status, care/treatment needs, and severity of medical conditions.	November 11, 2011 and Ongoing	8.2.A Documentation of health visits maintained within participants' case records. Activity and progress will be documented in monthly reports.  8.2.B Ongoing review of participant case records.



MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
	8.3 Thoroughly complete all health-related documentation pertaining to participants' disability establishment and their eligibility for SSDI/SSI benefits.	November 11, 2011 and Ongoing	8.3 Ongoing review of participant case records.
9.0 Provide mental health treatment to DP participants for the purposes of documenting eligibility for SSDI/SSI benefits.	9.1 Recruit, hire, and train one (1) FTE licensed Psychiatrist.	Completed within 30 days of vacancy	9.1.A Submit job description to DHS for approval.  9.1.B Submit resume of hired Psychiatrist to DHS.  9.1.C Maintain verification of all trainings attended by Psychiatrist.
	9.2 For each DP participant, conduct regular mental health visits, with consideration of the participants' disability establishment and documentation needs, current mental health status, care/treatment needs, and severity of mental health conditions.	November 11, 2011 and Ongoing	9.2.A Documentation of mental health visits maintained within participants' case records. Activity and progress will be documented in monthly reports.  9.2.B Ongoing review of participant case records.
	9.3 Thoroughly complete all mental health related documentation pertaining to participants' disability establishment and their eligibility for SSDI/SSI benefits.	November 11, 2011 and Ongoing	9.3 Ongoing review of participant case records.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
10.0 Provide case management services to coordinate all activities of the multidisciplinary team and all aspects of the SSDI/SSI application process through reconsideration, if needed.	10.1		<p>10.1.A Submit job description to DHS for approval.</p> <p>10.1.B Submit resume of hired Lead Case Manager to DHS.</p> <p>10.1.C Maintain verification of all trainings received by Lead Case Manager.</p>
	10.1 Recruit, hire, and train four 4) FTE Case Managers.	Completed within 30 days of vacancy	<p>10.2.A Submit job description(s) to DHS for approval.</p> <p>10.2.B Submit resumes of hired Case Managers to DHS.</p> <p>10.2.C Maintain verification of all trainings received by Case Managers.</p>
	10.3 Each case managers shall maintain an adequate case load to ensure all enrolled DP participants receive case management services. A minimum of 480 enrolled participants shall be served during the term of this Agreement.	November 11, 2011 and Ongoing	10.3 Documentation of case loads and clients served per each case manager will be maintained. Activity and progress will be documented in monthly reports.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
	10.4 For each DP participant, conduct regular case management visits, with consideration of the participant's disability establishment and documentation needs, current health and mental health status, care/treatment needs, severity of medical and/or mental health conditions, and other identified needs (e.g., housing, food, transportation, etc.).	November 11, 2011 and Ongoing	10.4.A Documentation of case management visits maintained within participants' case records. Activity and progress will be documented in monthly reports.  10.4.B Ongoing review of participant case records.
	10.5 Thoroughly complete all case management-related documentation pertaining to participants' disability establishment and their eligibility for SSDI/SSI benefits.  Assistance provided to coordinate participants' care, access resources, and to meet identified needs shall also be documented.	November 11, 2011 and Ongoing	10.5 Ongoing review of participant case records.
11.0 Conduct multidisciplinary team activities on a regular basis.			
	11.2 For each DP participant, complete a DP Multidisciplinary Treatment Planning form one (1) time per every three (3) month period, or more frequently, as needed.	November 11, 2011 and Ongoing	11.2 Ongoing review of participant case records.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
12.0 Conduct training and mentoring to community agencies	12.1 Provide consultation and mentoring to a minimum of one (1) community agency (e.g., Federally Qualified Health Centers [FQHC], FQHC look-alikes, mental health service providers, DHS-contracted Community Partners) serving homeless individuals to increase their capacity to provide benefits assistance and disability documentation services utilizing components of the B.E.S.T. model; and	November 11, 2011 and Ongoing	
	12.2 As directed by DHS, participate in the provision of trainings developed by DHS or in partnership with other entities on components of the B.E.S.T. model, including but not limited to: documenting disabilities, record retrieval activities, case management services, partnership with SSA and DDS, coordinated health and mental health services, outreach activities, and creation of a multidisciplinary team.	November 11, 2011 and Ongoing	
13.0 A minimum of 560 visits will be billed to collect third party reimbursements from private and public third-party payers (such as, Federal and State funding sources).	13.1 , DP staff shall facilitate completion of the appropriate request, consent and authorization forms, including the Medi-Cal Appointment of		

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHODS OF EVALUATING OBJECTIVES AND DOCUMENTATION
	<p>Representative form; ensure submission of completed form(s) to Department of Public Social Services Medi-Cal division staff for requesting retroactive Medi-Cal benefits; and track and follow-up on the status of the retroactive Medi-Cal request, in order to expedite approval and receipt of retroactive Medi-Cal recoupment.</p> <p>13.2 Thoroughly track and provide DHS with monthly billing and recoupment and reimbursement reports for all physical health and psychiatric visits, or as directed by DHS. These reports shall include but are not limited to, providing recoupment amounts for the retroactive Medi-Cal period three (3) months prior to participants' Medi-Cal effective date, and the dates of all billings and reimbursements received.</p>		